

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

03804

1. PLACE OF DEATH:

County Baltimore
 City or town Federalsburg Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred: no
 How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md County Caroline md
 City or town Federalsburg md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 130 Denton Rd
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex female 5. Color or race a.a. 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife James Allen
 7. Birth date of deceased (mo., day, yr.) June 16 1908
 8. AGE: Years 38 Months 0 Days 0 If less than one day hrs. min.

9. Birthplace Federalsburg Md
 (Town, county, and state)
 10. Usual occupation Butcher
 11. Industry or business Same as above
 12. Name Charles W. Hammond
 13. Birthplace Federalsburg Md
 14. Maiden name Michael E. Holland
 15. Birthplace Federalsburg Md
 16. Informant James Allen
 Address Federalsburg Md
 17. Burial Burial Date thereof May 19-47
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Federalsburg
 Location Federalsburg md
 18. Funeral director James P. Stewart
 Address Baltimore Md
 19. May 19 19 47 S. J. Frampton
 (Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 19 47 at 3 p M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 4 19 47 to May 13 19 47
 and that I last saw her alive on May 13 19 47
 Immediate cause of death Carcinoma of liver
 DURATION ?
 Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)
 Major findings of operations Carcinoma of liver
 Date of op. 12/29/47
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE H. L. Small M.D.
 Address Denton, Md. Date signed 5/14/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAY 23 1947
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Evidence for the change of

age is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03806

FILM No. G 11 MAY 23 1947

FILM No. G MAY 23 1947

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County CarolineCity or town Marble
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 day

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State N.C. County WAKEFORDCity or town Marble
(If outside city or town limits, write RURAL and give nearest town)Street No. RD 1, Box 3, N.E. Co.
(If rural, give LOCATION)2.(a) If veteran, name war WW II ✓

3.(a) FULL NAME

LOUBET E. COLEMAN

3.(b) Social Security Number

-4. Sex M 5. Color or race W. 6.(a) Single, married, widowed, or divorced married6.(b) Name of husband or wife HETTIE SAWYER COLEMAN6.(c) If alive, give age 57 years7. Birth date of deceased (mo., day, yr.) Oct 17 19108. AGE: Years 36 Months 37 Days 6 If less than one day 25 25 hrs. 25 min.9. Birthplace EAST LAKE Marble N.C.
(Town, county, and state)10. Usual occupation Steel worker11. Industry or business CRAN OPERATOR12. Name Ask Coleman13. Birthplace COLUMBIA Marble N.C.14. Maiden name Sarah Blaine15. Birthplace EAST LAKE Marble N.C.16. Informant Leather CulppepperAddress Marble N.C.17. Buried Marble N.C.
(Burial, cremation, or removal. Which?) Date thereof 5-16-47
(month) (day) (year)Cemetery or crematory Marble N.C.Location EAST LAKE Marble N.C.18. Funeral director Leather CulppepperAddress Marble N.C.19. 5/13 47 M.D. Jones
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1947 9 P. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19and that I last saw h. alive on 19Immediate cause of death Burned to death SuddenDue to Trapped in burning BuildingDue to Trapped in burning Building

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

2. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 5/12/47Where did injury occur? Marble Caroline N.C.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Trapped in burning BuildingMeans of injury Trapped in burning Building Injured at work? no23. SIGNATURE Newton T. JonesAddress Marble N.C. Date signed 5/13/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAY 19 1947
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

03807

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH:

County Caroline
 City or town Marydel Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 13 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md County Caroline
 City or town Marydel md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2(a) If veteran, name war _____

3. (a) FULL NAME

Angelina Cain. (Cain)

3. (b) Social Security Number

220-01-8268

4. Sex F 5. Color or race C 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Charlie Cain (Cain)
 6. (c) If alive, give age 74 years
 7. Birth date of deceased (mo., day, yr.) Dec. 8 - 1882
 8. AGE: Years 64 Months 5 Days 1 If less than one day
 hrs. _____ min. _____

9. Birthplace Bareilly md.
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business
 12. Name John L. Winchester
 13. Birthplace md.
 14. Maiden name Anna M. Brown
 15. Birthplace md.

16. Informant Charlie Cain
 Address Marydel md.
 17. Burial Date thereof May 22/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory mt Zion
 Location Marydel md. Rural
 18. Funeral director Raymond B. Rawlings
 Address Greensboro md.
 19. 5/21 47 a Clark Smith
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1947 at 5:50 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 10 1947 to May 19 1947
 and that I last saw her alive on May 18 1947
 Immediate cause of death Chronic Myocarditis DURATION 1 yr
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 8 months of death)

Major findings of operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)
 Injured at home, farm, industry, pub'c place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Charles H. Stonecipher M.D. or _____
 Address Greensboro md. Date signed 5/24/47

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JUN 3 1947

BUREAU V 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 0380562

1. PLACE OF DEATH:

County Caroline
 City or town Denton, Ind.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 63 Months 3 Days 15 If less than one day _____ hrs. _____ min.

9. Birthplace

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name John D. Carroll
 13. Birthplace Maryland
 14. Maiden name Elda Williams
 15. Birthplace Maryland

16. Informant Elda Kemp Hall, Daughter
 Address Denton, Ind.

17. Buried 5-21-47
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Denton Cemetery

Location Denton, Ind.

18. Funeral director J. Hazel Moon & Son

Address Denton, Ind.

19. 5-21-47 Registrar M. D. Gage
 (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Ind. County Caroline
 City or town Denton, Ind.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19th 1947, at 9:25 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 10 1947 to May 19 1947

and that I last saw him alive on May 19 1947

Immediate cause of death central embolism

Due to Coronary Occlusion

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Physician's results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE J. Hazel Moon & Son M. D. or other

Address Denton, Ind. Date signed 5/20/47

RECEIVED
MAY 26 1947
BUREAU V 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

03808

63

1. PLACE OF DEATH:

County Caroline
 City or town Harmony, Ind.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 days
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Peace Harmony
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

Pauline Bertha Clifton

3. (b) Social Security Number

4. Sex F 5. Color or race W. 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife George F. Clifton
 6. (c) If alive, give age 25 years
 7. Birth date of deceased (mo., day, yr.) Mar. 5th 1877
 8. AGE: Years 70 Months 1 Days 10 If less than one day
 hrs. min.

9. Birthplace Delaware
(Town, county, and state)10. Usual occupation Nurse

11. Industry or business

12. Name Herman Meier
 13. Birthplace Delaware
 14. Maiden name Sarah Mindal
 15. Birthplace Delaware

16. Informant Nurse Helen Neft
 Address Claymont Del

17. Buried Date thereof 5-19-47
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Longfords Cemetery
 Location Belmont Del

18. Funeral director J. Virgil Moore & Son
 Address Denton Md.

19. May 17 19 47 C. W. Plummer
 (Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 19 47 at 8:15 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 12 19 47 to May 15 19 47
 and that I last saw him alive on May 15 19 47

Immediate cause of death coronary occlusion
 DURATION 5 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?

Injured at home, farm, industry, public place (where?)

Means of injury

23. SIGNATURE Dr Paul Twiss MD M. D. or otherAddress Denton Md Date signed 5/17/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAY 20 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

46 b

038820

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County

City or town

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

City or town

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

It less than one day

9. Birthplace

10. Usual occupation

11. Industry or business

FATHER

MOTHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. (Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

15/20

7

9 Clerk Smith

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 17

19.. 47

at 2.20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 10 1947 to May 17 1947

and that I last saw him alive on May 17 1947

Immediate cause of death

Coronary Thrombosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

M. D. or other

Date signed 5/20/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 3 1947
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03810

Reg. Dist. No. 63

1. PLACE OF DEATH:

County Caroline
 City or town Bethlehem Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? life
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Bethlehem Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Nora L. Frampton

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Elizah J. Frampton
 7. Birth date of deceased (mo., day, yr.) August 19th 1874 6. (c) If alive, give age 72 years
 8. AGE: Years 72 Months 9 Days 10 If less than one day _____ hrs. _____ min.

9. Birthplace Talbot County, Maryland
 (Town, county, and state)
 10. Usual occupation House-work
 11. Industry or business Own home
 12. Name John Collins
 13. Birthplace Talbot County, Maryland
 14. Maiden name Mary Ellen Willoughby
 15. Birthplace Caroline County, Maryland

16. Informant Elizah J. Frampton
 Address Preston, Maryland R.F.D.
 17. Burial Date thereof June 1st 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Smithson Cemetery
 Location Near Bethlehem, Maryland
 18. Funeral director F. J. Frampton & Son
 Address Federalburg, Maryland

19. May 31 1947 C. H. Plummer
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May - 29th 1947, at 7:55 PM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 4, 1939 to May 29th 1947 and that I last saw him er alive on May 17 1947
 Immediate cause of death Acute coronary Occlusion
 DURATION 5 min
 Due to Coronary sclerosis with arteriosclerosis & Hypertension 10 yrs
~~xxxx~~ Has had a previous Coronary with Heart Block 1/16/47
 Other conditions Protrusion Uteri 15 yrs
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results None Done
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____
 23. SIGNATURE [Signature] M. D. or other _____
 Address Preston, Maryland Date signed 5/31/47

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JUN 3 1947

BUREAU OF S.

Evidence for change
of color shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

74a

03811

CERTIFICATE OF DEATH

Reg. Dist. No. 66

FILM No. G 110 JUN 20 1947

1. PLACE OF DEATH: *Caroline*
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? *2 days*
Hospital, institution, or street address where death occurred:
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State *md* County *Caroline*
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2(a) If veteran, name war.....

3. (a) FULL NAME *Ella Hynes*

3. (b) Social Security Number

4. Sex *F* 5. Color or race *white* 6. (a) Single, married, widowed, or divorced *Widowed*

6. (b) Name of husband or wife *Robert P*

7. Birth date of deceased (mo., day, yr.) *Jan 3 - 1861* 6. (c) If alive, give age..... years

8. AGE: Years *86* Months *4* Days *16* If less than one day..... hrs. min.

9. Birthplace *Home & Grace Md.*
(Town, county, and state)

10. Usual occupation *Housewife*

11. Industry or business

12. Name *No Record*

13. Birthplace *Md.*

14. Maiden name *No Record*

15. Birthplace *Md.*

16. Informant *Mrs. John T. Hynes*

Address *13 Alameda Md*

17. *Buried* Date thereof *May 22 1947*
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory *Louder Park*
Location *Baltimore Md.*

18. Funeral director *Raymond B. Rawle*
Address *Queensboro Md.*

19. *May 21 1947* Registrar *L. D. Harris*
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH *5-19-47* at *11 P* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Sudden Death* 19.....

and that I last saw him..... alive on *(D.O.A.)* 19.....

Immediate cause of death *Chronic myocardial infarction*

Due to *Chronic arterial hypertension*

Due to *Intermittent diabetes*

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE *George A. White, M.D.*
M. D. or other

Address *Ridgely* Date signed *5-21-47*

MARGIN RESERVED FOR BINDING

1

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 22 1947

BUREAU 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

131a

03812

Reg. Dist. No. 64

1. PLACE OF DEATH:

County FederalburgCity or town Federalburg
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 47 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution? no

3. (a) FULL NAME

Elizabeth A. Keys

3. (b) Social Security Number

no

4. Sex

female

5. Color or race

white

6. (c) Single, married, widowed, or divorced

married6. (b) Name of husband or wife Oliver W. Keys6. (c) If alive, give age 87 years

7. Birth date of

deceased (mo., day, yr.) September 16, 1868

8. AGE:

78

Years

8

Months

4

Days

If less than one day

hrs. min.

9. Birthplace

Federalburg, Md.
(Town, county, and state)

10. Usual occupation

housewife

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. (Burial, cremation, or removal, Which?)

Date thereof

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

1947

Everett Nuttle

Registrar

Deputy

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infant, give residence of mother)

State Maryland County FederalburgCity or town Federalburg
(If outside city or town limits, write RURAL and give nearest town)Street No. no
(If rural, give LOCATION)2. (a) If veteran, name war no

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1947, at 10:00 A.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1945 to May 20 1947 and that I last saw her alive on May 20 1947

Immediate cause of death

Cerebral HemorrhageDue to General arteriosclerosis 5 yrs +Due to Hypertensive CardiovascularRenal Disease 5 yrs +

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

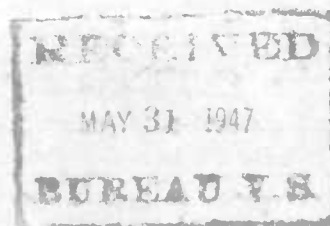
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

William C. Harrison MD
Hurlock Md. Date signed 5/20/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

03813

1. PLACE OF DEATH:

County... Caroline
 City or town... Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 40 years
 Hospital, institution, or street address where death occurred:
Near Concord
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Caroline
 City or town... Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Near Concord
 (If rural, give LOCATION)
 2.(a) If veteran, name war...

3. (a) FULL NAME

Walter E. Lord

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Edith A. Lord

7. Birth date of deceased (mo., day, yr.)

August 29, 1883

6. (c) If alive, give age

60 years

8. AGE:

Years

63

Months

8

Days

21

If less than one day

hrs.

min.

9. Birthplace

Caroline County, Maryland
(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

Farmer

FATHER

12. Name

William H. Lord

13. Birthplace

Caroline County, Maryland

MOTHER

14. Maiden name

Wilhelmina Richman

15. Birthplace

Caroline County, Maryland

16. Informant

Mrs. Edith A. Lord

Address

Federalburg, Maryland, R.F.D.

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof May 23, 1947
(month) (day) (year)

Cemetery or crematory

Concord Cemetery

Location

Concord, Maryland

18. Funeral director

J. J. Frampton and Son

Address

Federalburg, Maryland

19.

(Date recorded by registrar)

May 21, 1947

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... May 20 19 47 at 3:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1943 to May 20 1947
and that I last saw him alive on May 19 1947

Immediate cause of death

Chronic Asthma

DURATION

4 yrs

Due to

Mal nutrition3 mos

Other conditions

Arterio Sclerosis10 yrs

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Alfred S. George

M. D. or other

Address

DentonDate signed 5/22/47

RECEIVED

MAY 26 1947

BUREAU V S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County... CarolineCity or town... Federalburg
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 weeks

Hospital, institution, or street address where death occurred:

E. Carter Ave.How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Del County... SumnerCity or town... Mifflin, Del
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)2.(a) If veteran, name war... no

3. (a) FULL NAME

Minnie Slemmer

3. (b) Social Security Number

no

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Michael Slemmer8. (c) If alive, give age 81 years

7. Birth date of

deceased (mo., day, yr.)

January 7, 1864

8. AGE:

Years

83

Months

4

Days

7

If less than one day

.....hrs.min.

9. Birthplace

Mifflin, Del.
(Town, county, and state)

10. Usual occupation

housewife

11. Industry or business

James Slemmer

12. Name

Del.

13. Birthplace

Del.

14. Maiden name

unknown

15. Birthplace

Mrs Atwood Watson

16. Informant

Federalburg, Md.

Address

Burial

17. (Burial, cremation, or removal. Which?)

Date thereof

May 16, 1947
(month) (day) (year)

Cemetery or crematory

Old Fellowship Cem.

Location

Mifflin, Del.

18. Funeral director

Harry Williamson

Address

Federalburg, Md.19. May 13 19 47
(Date rec'd by registrar)Dorothy NuttleDeputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... 5/13 19 47 at 10 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

5/11 19 47 to 5/13 19 47and that I last saw him alive on 5/13 19 47

Immediate cause of death

Cerebral Hemorrhage

DURATION

3 days

Due to

Hypertension

Due to

Arteriosclerosis

Other conditions

Arteriosclerosis

(Include pregnancy within 8 months of death)

Major findings of operations

.....Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. accidental fall Date of 1947Where did injury occur? Federalburg, Del (City or town) (County) (State)Injured at home, farm, industry, public place (where?) [12/14/47]

Means of Injury

Injured at work?

Frank M. Anderson M.D.23. SIGNATURE 5/13/47 Federalburg, Md.Address 5/13/47 Federalburg, Md.

RECEIVED
MAY 23 1947
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

03815

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County CarolineCity or town Denton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Delaware County CarolineCity or town Denton, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Caroline Phillips Redden

3. (b) Social Security Number

4. Sex

F.

5. Color or race

W.

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

May 6, 1884

6.(c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

63021

hrs.

min.

9. Birthplace

Denton, Caroline, Md.
(Town, county, and state)

10. Usual occupation

None

11. Industry or business

FATHER

12. Name

Frank W. Redden

13. Birthplace

Delaware

MOTHER

14. Maiden name

Rizzie P. Phillips

15. Birthplace

Delaware

16. Informant

Thomas J. Redden

Address

Denton, Md.

17.

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Denton

Location

Denton, Md.

18. Funeral director

Address

Denton, Md.

19.

(Date rec'd by registrar)

19

47Wm. S. George
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 27

19

47 at 9:30 A. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

May 1

19

47to May 27 19

and that I last saw him alive on _____ 19

Immediate cause of death

Angina Pectoris

DURATION

24 hrs.

Due to

Cardio Vascular Renal

Due to

Angina pectoris2 yrs.24 hrs.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Wm. S. George

M. D. or other

Address

Denton, Md.

Date signed

5/29/47

RECEIVED

JUN 3 1947

BUREAU 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

03816

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County... Caroline
 City or town... Denton - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 58 years
 Hospital, institution, or street address where death occurred:
Near Howard's School
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Caroline
 City or town... Denton - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Near Andersontown
 (If rural, give LOCATION)
 2.(a) If veteran, name war...

3. (a) FULL NAME

Georgianna Seeders

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Benziah J. Seeders

7. Birth date of deceased (mo., day, yr.)

November 23, 1865

6. (c) If alive, give age

— years

8. AGE:

Years

Months

Days

If less than one day

81512

hrs.

min.

9. Birthplace

Kent County, Delaware
(Town, county, and state)

10. Usual occupation

Homemaker

11. Industry or business

Home

FATHER

12. Name

Emory Spence

13. Birthplace

Kent County, Delaware

MOTHER

14. Maiden name

Anna Smith

15. Birthplace

Kent County, Delaware

16. Informant

Mrs. Claude Howard

Address

Federalburg, Maryland, R.F.D.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

May 7, 1947
(month) (day) (year)

Cemetery or crematory

Concord Cemetery

Location

Concord, Maryland

18. Funeral director

J. J. Frampton and Son

Address

Federalburg, Maryland

19. May 6

19 47

S. S. Frampton

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... May 5 1947 at 12:01 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 7 1947 to May 5 1947
and that I last saw him alive on May 4 1947

Immediate cause of death

Arteriosclerotic Heart disease

DURATION

7 years

Due to

Due to

Other conditions

Generalized Arteriosclerosis9 years.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underwrite the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Dr. Paul Twombly M.D.

M. D. or other

Address

Winston Road

Date signed

5/6/47

RECEIVED
MAY 12 1947
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

CERTIFICATE OF DEATH

03817
Reg. Dist. No. 62

1. PLACE OF DEATH:

County... CarolineCity or town... Denton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 years

Hospital, institution, or street address where death occurred:

308 Sixth Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... CarolineCity or town... Denton
(If outside city or town limits, write RURAL and give nearest town)Street No. 308 Sixth Street
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

William F. Towens

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Bessie M. Towens6. (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.)

April 4, 1873

8. AGE:

Years

Months

Days

It less than one day

74114

hrs.

min.

9. Birthplace

Caroline County, Maryland
(Town, county, and state)

10. Usual occupation

Superior

11. Industry or business

Maryland State Roads Commission

FATHER

12. Name

George W. Towens

13. Birthplace

Caroline County, Maryland

MOTHER

14. Maiden name

Julia E. Liles

15. Birthplace

Caroline County, Maryland

16. Informant

Mrs. Bessie M. Towens

Address

Denton, Maryland

17.

Burial
(Burial, cremation, or removal, Which?)Date thereof... May 21, 1947
(month) (day) (year)

Cemetery or crematory

Concord Cemetery

Location

Concord, Maryland

18. Funeral director

J. F. Frankston and Son

Address

Federalsburg, Maryland

19.

5/21/47
(Date rec'd by registrar)

19

Tom D. George

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... May 18, 1947, at 6 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 18, 1947, to May 18, 1947
and that I last saw him alive on May 18, 1947

Immediate cause of death

Coronary occlusion

DURATION

one day

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. Paul Smith MD

M. D. or other

Address

Denton Md

Date signed

5/20/47

RECEIVED
MAY 26 1947
BUREAU V B